

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
101							51							
102							52							
103							53							
104							54							
105							55							
106							56							
107							57							
108							58							
109							59							
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143							93							
144							94							
145							95							
146							96							
147							97							
148							98							
149							99							
150							100							
TOTAL IND.							TOTAL IND.	3						
TOTAL DEP.							TOTAL DEP.	400						
TOTAL CLAIMS							TOTAL CLAIMS	403						

38
3
42

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51							
2								52							
3								53							
4								54							
5								55							
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43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							